

LETTERS

TOBACCO USE AND CESSATION AMONG MEN WHO HAVE SEX WITH MEN

In "Tobacco Use and Cessation Among a Household-Based Sample of US Urban Men Who Have Sex With Men," Greenwood et al. reported that the current smoking rate for urban men who have sex with men was 31.4% (95% confidence interval [CI]=28.6%, 34.3%), and that this rate was higher than that for men in the general population (24.7%; 95% CI=21.2%, 28.2%).¹ This observation was similar to that reported in the Kansas City bistate metropolitan area, where the following rates of cigarette smoking were found: 37.1% (95% CI=35%, 39.2%) for men who have sex with men, 28.6% (95% CI=9.3%, 47.9%) for bisexual men, 38.1% (95% CI=34%, 42.2%) for lesbians, and 55.3% (95% CI=41.1%, 69.5%) for bisexual women.²

As Greenwood et al. indicated, tobacco companies promote their products heavily in the lesbian, gay, bisexual, and transgendered (LGBT) communities. Thus, it is not surprising that other recent studies of LGBT adults and youths have also demonstrated higher smoking rates than those observed among heterosexuals.³⁻⁵

While disparities in health behaviors, illnesses, and deaths are often thought of in terms of racial/ethnic groups or male and female gender, public health agencies must also recognize that disparities can exist because of sexual orientation and gender identification. As successful smoking cessation programs are developed that target LGBT communities,⁶ baseline data such as those reported by Greenwood et al. will become increasingly important for measuring program effectiveness.

When dealing with subsets of the community, such as the LGBT population, local public health entities may focus on specific diseases or risk behaviors. It is the responsibility of those who work in the public health field not to ignore other social and environmental issues that affect these groups, but rather to begin to build effective partnerships that address these groups' concerns, problems, and disparities. ■

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